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1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16) If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								ہتا ہ	ÇTAĬ	0	٦,	OR _A	TOTA	ı o	

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden How Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Burden How Statement: This form is estimated to take 0.2 hours to complete this form should be sent to the Chief Information Officer, U.S. Parent and Trademark Any commission on the unitous of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Parent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Parents, Washington, DC 20231.